

No. 2
4-13-40
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26873

6665

Registration District No.

79.1

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 5060 Cabanne
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Specify whether
In this community 0 years, months or days

3. (a) PRINT FULL NAME

Robert E. Madden

3. (b) If veteran, name war NO

3. (c) Social Security No. 493-05-7425

4. Sex Male 5. Color of skin Wh 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased July 20 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 24 Days 24 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Balk-Bould Directory

12. Name Peter T. Madden

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Catherine

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Madden

(b) Address 5060 Cabanne

17. (a) Burial (b) Date thereof 8-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Chas. H. Stuart

(b) Address 1235 Union Blvd.

19. (a) AUG 15 1941 (b) J. F. Bluck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5060 Cabanne
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day Aug year 1941 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 1, 1941, to Aug 14, 1941; that I last saw him alive on Aug 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder urinary Duration 1 yr

Due to 526

Due to 515

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations Lung edema carcinoma floor of bladder
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? (Specify type of place) (e) Means of injury None

23. Signature Commis. H. B. Brown (M. D. or other) D
Address 1117 N. Brown Date signed Aug 14/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

(Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.